PHASE 2 – BACK TO COMPETITION FORM

THIS FORM MUST BE RECEIVED 30 DAYS PRIOR TO YOUR COMPETITION

Competition Event Manager Name__________________________________________ Area _________

Email Address _____________________________________________  Phone #___________________

Date of Competition? _____________________________

Sport(s) offered? __________________________

Location of Competition? (venue) ___________________________________

How many participants will be in attendance? _____________

REMINDER: “Participants” are defined as all athletes, Unified Partners, coaches, volunteers, family members, caregivers, staff or others in attendance of an activity.

What is your registration process to keep the total number of participants 50 or less?
____________________________________________________________________________________
____________________________________________________________________________________

Has the Pre-Event Awareness document been sent to your athletes? Yes___ No___

Things to remember for hosting your competition

✔ Make sure to visit the SO Ready page on our website www.specialolympicsarkansas.org
✔ Read the most updated checklists and educational materials for athletes and coaches
✔ Email the Special Olympics Arkansas Health Team and your Area Field Representative with names of attendees. (See Staff Contacts on website or SO Ready Toolkit)
✔ Make sure to follow the Phase 2 Competition/Event Checklist
✔ Check in with SOAR staff 7 days prior to event for confirmation of set up.
✔ Make sure any spectators, caregivers, drivers, etc. are not gathering near the athlete training area.